

## VERMONT DEPARTMENT OF LABOR

To:

Attn:

From:

Date:

### SHORT-TIME COMPENSATION (STC) PROGRAM ELIGIBILITY REQUIREMENTS AND PROGRAM PROCEDURES

- **Employer's Review:** Explanation and General Overview of the STC Program (B-3)
- **Employee or Participant's Review:** Important Information for STC Participants (B-102)
- **Application "A"** (B-148) and **Application "B"** (B-146) need to be completed and returned to the Vermont Department of Labor for approval.

#### UPON APPROVAL:

The next step in the Short-Term Compensation process requires each participating employee to complete an initial claim form (B-65). This form is enclosed and should be given to each participating employee for completion. Once completed, this form should be reviewed by the employer for accuracy against company records and then mailed to the Vermont Department of Labor, Special Program Unit. If any participating employee is not a U.S. citizen, a copy (front & back) of his/her Alien Registration Receipt Card, more commonly known as "green card", must be attached to his/her Initial Claim Form.

Upon receipt of required forms, the benefit entitlement will be determined for all participants using wages reported during the "base period". The base period for establishing eligibility for unemployment insurance is the first 4 of the last 5 completed quarters. If the individual is ineligible using this base period, the last 4 completed quarters will be tested. If still ineligible, the base period will be the last 3 completed and current quarters. We will request any missing wage data if the participant's eligibility depends on wages paid in a quarter not yet in the system. To become eligible, an individual must be paid a certain minimum qualifying amount in one calendar quarter and at least 40% of their highest quarter in the remaining quarters during the base period.

When the benefit entitlement has been computed, two notices will be mailed directly to each participant. One will show the weekly benefit amount the participant would receive under the regular unemployment insurance program. The other notice will show the weekly benefit amount the participant will receive under the STC program. Each STC participant will also receive direction explaining how to file for regular unemployment. These directions would only be followed if a participant were totally laid off. Each participant will follow the STC directions provided to him or her if working reduced hours through an approved STC plan.

A supply of Weekly Participant Claim Forms (B-6) and Employer's Weekly Report Forms (B-145) are enclosed. A separate weekly claim form (B-6) must be completed by each affected employee and given to the employer during each week of STC participation. Weekly claims must be completed by the affected employee, showing the hours worked for the STC employer, any hours worked at any other job, and whether or not the employee was available for all work. Each form requires an **original signature and date each week**. Additional forms can be obtained by contacting us directly or on our website at [www.labor.vermont.gov](http://www.labor.vermont.gov) under the "Unemployment Insurance & Wages", "Short-Time Compensation (STC) Program" links.

The employer completes a separate weekly report (B-145) attesting to whether or not the employees accepted all available work, that the reduction of hours was the same as agreed on in the plan, and show the hours of work plus other compensation. Compare all weekly claim forms with the employer's weekly plan to ensure accuracy.

You may terminate your STC plan prior to the scheduled completion by notifying this office **in writing**.

**IMPORTANT DETAILS:**

- Employees must be willing to participate in the Short-Time Compensation Plan voluntarily.
- Please insure that names and social security numbers on all forms are correct. The name and social security number should be typed or neatly printed and be in alphabetical order with the last name first.
- Weekly claim forms and weekly employer plans cannot be submitted to this department until after the Saturday week ending date. These forms should be received in our office by mid-week.
- Weekly claim forms **cannot** be signed prior to the Saturday week ending date.
- Employers **cannot** complete the Weekly Claim forms for the employee, as the employee must certify that the information is true and accurate.
- A change in any STC plan such as the addition or deletion of employee participants or a change in the percentage of hours worked may require a plan modification, which needs to be approved by this Department. In such event, please notify the STC Unit.
- The STC Unit should address any questions on the STC Program, Employer or Employee Participation, or Plan Modification.

Please submit this form along with Application A & B. This will be returned to you upon approval of your plan along with your STC Account Number.

\_\_\_\_\_  
STC Employer Signature

\_\_\_\_\_  
Date

Submit all paperwork to: Vermont Department of Labor  
STC Unit  
P.O. Box 189  
Montpelier, VT 05601-0189  
Fax: 802-828-9191

**CONTACT INFORMATION:**

If you have any questions or require assistance, call the Employer Assistance Line toll-free at 1-877-214-3331 during normal business hours and ask to speak to an STC Representative.

**Equal Opportunity is the Law**

The State of Vermont is an Equal Opportunity/Affirmative Action Employer. Applications from women, individuals with disabilities, and people from diverse cultural backgrounds are encouraged. Auxiliary aids and services are available upon request to individuals with disabilities. 711 (TTY/Relay Service) or 802-828-4203 TDD (Vermont Department of Labor).